

**MIDWIFERY ADVISORY COMMITTEE
MEETING MINUTES
SEPTEMBER 2, 2003**

COMMITTEE MEMBERS

PRESENT: Morgan Martin, LM, Chair
Marijke van Roojen, LM
Leslie Gesner, LM

MIDWIFERY PROGRAM

STAFF PRESENT: Paula Meyer, Executive Director
Kendra Pitzler, Program Manager

OTHER DOH STAFF

PRESENT: Mary Dale, Health Professions Quality
Assurance Division
Beverly Thomas, Health Services Consultant,
Medical Quality Assurance Commission
Jeanette Zaichkin, Maternal and Child Health

OTHERS PRESENT: Debra O'Conner
Kelly Meinig
Catriona Munro, LM

OPEN SESSION:

1. Call to Order

The meeting was called to order at 9:35 a.m.

1.1. Approval of Agenda

It was agreed that the agenda should be amended to add as item number 5, "Update on Stakeholder Meeting." The rest of the agenda items would be renumbered accordingly.

The agenda was approved as amended.

1.2. Approval of Minutes

May 13, 2003 Minutes

It was noted that there were some names under Others Present were spelled incorrectly. In addition, Ms. van Roojen suggested changes under number 1, number 2 and number 3.

The following discussion took place although no amendments to the minutes resulted from this discussion. Ms. van Roojen noted that she had asked for a meeting between midwifery interested parties and the department. She also noted that this had turned into a "Stakeholders Meeting" when she was intending for it to be another Midwifery Advisory Committee meeting. She indicated that she wanted the following items addressed at this meeting: Budget Projections, Scenarios for Future Regulatory Framework (to use as a recommendation for correction), an Action Plan (indicating the impact of actions with a two-year timeframe) and a Five-Year Plan indicating the cost and survivability of the program within the next five-years.

The minutes were approved as amended.

June 10, 2003 Minutes

It was noted that the same names under Others Present were spelled incorrectly. Changes were suggested under section 3 and the last item was renumbered.

It was noted that the attachments were transcriptions of the documents written on poster paper and that the Committee did not have time to go through all the attachments. Ms. Pitzler indicated that there may be some typographical errors and requested that anyone noting such an error contact her and she would make the correction.

The following discussion took place although no amendments to the minutes resulted from this discussion. Kelly Meinig, a member of the public who has had a midwifery birth indicated that she was concerned that there was no public consumer involved in the brain-storming process. She stated that it is critical that people like her have input. She stated that she fled the medical community over concerns regarding their plans for her prenatal course and birth. She indicated that the medical community would not address her concerns and she is worried that if the department puts rules forward without involving consumers like her, other consumers may decide to have unattended birth.

Ms. Meyers asked her if she had suggestions how to contact consumers so that they can have the chance to offer their input. Ms. Meinig said yes, that she had thought a lot about it and indicated that the committee should become a board so that they could do peer review of peer situations. She indicated that if the fees were raised, the long-term effect would be that midwives would give up.

Ms. Meyers again asked for her suggestions to contact more consumers. Ms. Meinig indicated that a peer review board working with the midwifery and doula communities would disseminate information to people like her. She stated that she wants the midwifery model and not the medical model.

She indicated that a board would empower the profession and that there should not be an obstetrician involved. Ms. Meyer indicated that a midwifery advisory committee member reviews the cases before and after the investigations. She also indicated that an expert reviewer is required if there is an indication to go forward after the investigation has been reviewed by the committee member.

Ms. van Roojen asked Ms. Meinig to get her name on the list of interested parties and to add anyone else she feels should be notified as well.

Ms. O'Connor asked that the minutes be distributed ahead of time as indicated in the May minutes. Ms. Pitzler stated that the minutes would be sent to the Committee Members well ahead of time.

The minutes were approved as amended.

2. Midwifery Budget.

Ms. Meyer presented the June budget report. She noted that there was a positive balance but that the department had not received the quarterly bill from the attorney general's office. This bill should be received shortly and will most likely cause a deficit.

There were questions regarding how the budget is done and how the FTE's (full time employee's) are calculated. Ms. Meyer explained what goes into the budget and indicated that the "Total number of FTE's" at the top right hand corner of the page indicated a total number for the biennium of the monthly FTE's. For instance, if the total FTE's for each month was .5, the number of FTE's over twenty-four months would be 12. Ms. Meyer indicated that when folks work on a midwifery project, they must now document those hours so that the number of FTE's is accurate.

There was a request that at future meetings, the following be presented as part of the budget report: number of midwives currently licensed, fees received since the last meeting and a history of a year of two. In addition, the number of applicants who took the examination, the number of applicants who passed the examination and the number of applicants licensed since the last meeting should be included.

Ms. van Roojen indicated that she is concerned that not all Midwifery Advisory Committee members are at the meetings. Another concern was brought up concerning the vacant positions on this committee. Suggestions were given regarding contacts to obtain new members. Ms. Zaichkin indicated that she could present the request to the Perinatal Advisory Committee on September 11, 2003 if staff would send the notice to her. She also suggested that notices could be sent to Maternal Infant Health to be sent to the 2,000 folks on their list who provide prenatal care. However, since sending the notice to that many providers could be costly, it was suggested that the request be sent to the regional offices to be distributed. It was also suggested that a notice be sent to Birthingway College in Portland, Oregon.

Ms. Zaichkin also suggested that the Department could do a "Press Advisory". She explained that this was different than a media release and had been done with successful results for Group B Strep. She explained that the advisory must be kept very specific and could contain just a couple of the issues the Midwifery Advisory Committee is working on. Ms. van Roojen indicated that she was uncomfortable with this unless the Committee and/or Department would have final press rights. She stated that she had recently dealt with a situation where the press had attempted to "change" the story and that she had rescinded her permission for them to use her comments for that story and it had been pulled. She stated that midwifery is vulnerable to false attacks right now and that she wanted to make sure there would be no bad press. It was determined that this option should not be used at this time.

The subject of investigation reviews was again revisited. At this time, there is only one midwifery committee member reviewing each case after investigation. It was noted that the Department had tried setting up panel reviews after the member had reviewed the case. This meant that a midwifery advisory member would review the investigation and then a phone conference meeting would be set up for the member to review the case with two other members and the panel would make the recommendation regarding whether to go forward with action or to close. This did not have much success because it was difficult to set up a time with three committee members and timelines dictate that the case move forward within a specific amount of time. Ms. Gesner indicated that she would like to have more discussions with other midwives and that she felt group think was better than individual.

The Committee members indicated that perhaps this could be resolved by changing the committee to a board. They want to consider what would be involved in becoming a board, what would be desirable about becoming a board and what would be a detriment about becoming a board.

The subject of the October 7, 2003 Stakeholders meeting was again revisited. It was suggested that there may be more stakeholders not currently involved. The Committee asked that the following stakeholders be invited to the meeting: Doula of North American, International Cesarean Awareness Network, Citizens for Midwives, Washington Friends of Midwives and Western Washington Childbirth Advocacy (Tacoma). In this way, representative of consumers groups could be represented at this meeting. Ms. van Roojen asked that phone calls be made in advance of this meeting to remind folks of the meeting. She again stated that she would like to draft the intentions of the meeting and have it take place as a special meeting of the Committee.

The Committee discussed more of what they would like to see at this meeting. This includes fee study scenarios, a chart of the previous increase and what happened to the numbers of midwives, and a cost of the fee assessment and what is involved in the fee study. They also indicated that they wanted to know if there is interest on the midwifery account and, if so, where this money goes. It was noted that the increase in licensing fees was actually less of an issue than the increase in liability insurance. The Midwives Association of Washington State is planning a meeting regarding the liability insurance.

The subject of advertising for committee members was again revisited. It was suggested that the Department might try advertising with Health Mothers/Health Babies, either online or in a newsletter, that the Department may try contacting Mary Sheridan Foundation in Olympia or may try putting an article in the Baby Diaper Service Newsletter.

3. Standards of Practice.

Ms. Meyer presented draft language to the Committee. She indicated that this was a first attempt to put together language suggested at the June, 2003 meeting. The goal was to combine the MAWS documents (Standards for the Practice of Midwifery and Indications for Consultation in an Out-Of-Hospital Midwifery Practice) with collaborative management (such as Florida rules allow). Ms. Meyer indicated that she was very aware of the fact that the MAWS documents have a copy right and stressed that the Department would not go forward with such rules without the express permission of MAWS to use their language.

Discussion took place until lunch. During this discussion, the committee members questioned why the standards of practice could not be housed in another document (ie: adopting the MAWS document(s) by reference instead of creating new language). They indicated a need to have a conversation with the assistant attorney general. A motion was made that members of the Midwifery Advisory Committee meet with the assistant attorney general and discuss this issue. This motion was seconded and passed unanimously.

Before lunch, Ms. O'Conner also handed Ms. Meyer two documents for distribution to committee members. These documents were as follows:

Scope of Practice: Freedom within Limits by Kerri D. Schuiling, CNM, SHNP, MSN and Joani Slager, CNM, MSN.

American College of Nurse-Midwives 1999 Region VI Washington. No other title was on this document, although it appears to be the ACNM's summary of state laws and regulations relating to certified nurse midwifery, published in 1999, and specifically the portion relating to Washington State.

After the lunch break, the Committee set the following agenda to complete this item (agenda item #4).

- Look at the draft of the Standards of Practice submitted by Ms. Meyer
- Summarize for the minutes
- Look at the pro's and con's of becoming a board

It was agreed that this time should be limited to one hour and that an hour to an hour and a half should be allowed for the rest of the agenda.

The Committee summarized the discussion that took place before lunch as follows:

- The draft for Standards of Practice submitted by Ms. Meyer is missing peer review and quality assurance.
- Members of the Committee and the audience indicated that this document could increase a significant risk of a lawsuit by a consumer or a provider against the state.
- The first page of the MAWS document, Indications for Consultation in an Out-of-Hospital Midwifery Practice allows for provider judgment. The draft rules do not contain this language.
- Any document that requires consult, supervision or written agreement would prohibit practice in Washington State.
- This draft document is a first attempt at trying to incorporate ideas from Florida and the MAWS documents into ideas for the Department of Health.
- This draft document is for point of discussion only.
- Concern was stated with regard to writing any form of practice guidelines into rule.
- Much of the wording in the draft document was taken nearly verbatim from MAWS documents and would need MAWS copy right approval.
- There was a request for other precedent for having this detail in law. Specifically, committee members requested to know if other Commission, Boards or Committees have this level of detail in their laws.
- There was discussion surrounding definitions of terms (Standards of Practice, Standards of Care, Scope of Practice, etc.)
- Committee members expressed continued concerns around the legality of moving forward with anything other than "standards of practice".
- The Standards of Practice draft did not contain CPR and Neonatal Resuscitation. These are two items that the interested parties agreed should be added to the law.

Discussion after lunch centered on the following topics:

- What is a significant deviation from normal for one midwife may not be a significant deviation from normal for another midwife. Gray areas differ for different providers.
- If midwives have to refer or transfer patients based on these types of standards, consumers may feel that they don't have a healthy option and may chose to deliver without any medical assistance. Ms. Meinig indicated that when her "main-stream" obstetrical providers wanted to perform procedures that included risk, they did not discuss the risk, did not give her informed consent and refused to care for her if she did not agree to these procedures. She indicated that if the midwife is comfortable with her knowledge of her own risks and if the midwife is comfortable with her training and experience to handle the situation, she does not want to be "risk-screened out" because the law does not allow this midwife to care for her. She wants something that says she (the patient) is able to accept that risk.
- Reference was made to the Washington State rule governing advanced registered nurse practitioners, which states, "This practice is grounded in nursing and incorporates the use of independent judgment as well as collaborative interaction with other health care professionals when indicated in the assessment and management of wellness and conditions as appropriate to the ARNP's area of specialization."
- Ms. Gesner indicated that MANA Core Competencies should be referenced. She indicated that she did not know how the state could use the CPM examination but ignore the guiding MANA principles and core competencies.
- The Committee Members felt that the current draft should be withdrawn in its entirety and should be completely re-worked.

- It was suggested that "Informed Consent/Informed Refusal needs to be addressed. Ms. Meyer asked what would need to appear in an informed choice document, what is evidence of informed consent and what is evidence of informed decision-making? Ms. van Roojen indicated that these things could be subject for inclusion but she would object to a document that someone else wrote for her. Questions were raised as follows: "Would a rule which includes informed consent/informed refusal help AAG costs? Is informed Refusal with a bad outcome acceptable?
- Discussion indicated that ACOG now has an "Informed Choice and Ethical Refusal" document on their Web-site. It was requested that staff obtain this document.
- The Midwifery Advisory Committee(MAC) members restated their wish (and earlier motion) that the Department pursue a meeting between MAC members and the assistant attorney general regarding the language for standards of practice.
- Ms. van Roojen stated she is against doing a "laundry list" in rule. She stated that even the document that MAWS submitted was drafted a year ago and that since that time, the available number of consulting physicians have dwindled so that many midwives do not have one available.
- The Committee indicated that three potential sections for rules as follows: 1) Definitions of Consultation, Referral, Collaboration; 2) Informed Choice; and 3) Standards of Care.

The Committee then discussed the pros and cons of becoming a board. Attachment 1 contains the Benefits Detriments and Tasks of considering a board or commission as listed by the Committee on poster paper. It was determined that the midwifery community needs better distilled information on the benefits before asking the Midwifery Association of Washington State (MAWS) to sponsor such legislation. It was suggested that there be a request that someone who is a member of MAWS do more research to get the real specifics. This request would need to come from a committee member rather than from staff.

The Committee also discussed Standards of Practice, Scope of Practice and Standards of Care and wrote the comments on poster paper. This is incorporated as attachment two. They clarified that that the page number "one" is a definition of terms, and number "two" was brainstorming. The attachments were renumbered making attachment one, "Considering Board or Commission" and attachment two, "Standards of Practice."

4. Legend Drugs and Devices

The Committee reviewed the latest draft, as well as a proposed amendment due to concerns from the Medical Quality Assurance Commission. They also reviewed concerns from interested parties who had submitted letters. Based on the above, changes were made. The committee members asked Ms. Thomas, Health Services Consultant for the Medical Quality Assurance Commission, to check with George Heye, MD, Medical Consultant for the board to determine if the Commission might have problems with the addition of electronic fetal monitoring devices and toco monitoring devices to section a of the proposed draft. Dr. Heye was unsure so Ms. Thomas put in a call to the chair of the subcommittee that has reviewed this rule in the past. She was unable to obtain an answer at this time and will report to staff at a later time.

Ms. Pitzler indicated that if the Medical Commission does not have considerable objections to this language, this rule will be filed with the Code Reviser's Office and a hearing date will be set.

5. Update on the Stakeholder Meeting

In addition to the discussion that took place earlier in the meeting (reference page 2, paragraph 2 and page 6 paragraph 1 and 2), Ms. Pitzler noted that the meeting had been set for October 7, 2003 and that notices had been sent out.

6. 2004 Meeting Dates

Future Meeting Dates were set as follows:

December 2, 2003
February 10, 2004
May 4, 2004
September 21, 2004
November 9, 2004

All meeting will be set for 9:30 a.m. The locations will be announced at another date.

7. MEAC Accreditation

Ms. Pitzler indicated that the Midwifery Legend Drugs and Devices rules, the Midwifery Standards of Practice rules and the Midwifery Fee Rules would take precedence at this time. In addition to these rules, Ms. Pitzler is also working on many rules for nursing, including two sets of rules that required emergency filings and that now require permanent rules. Due to the above the MEAC Accreditation rules will not be priority at this time. They will be worked on when some of the rules above have been finalized. Committee members asked for a time-frame on this. No time-frame could be given at this time.

8. Rules Pertaining to Credit for Educational Requirements

Ms. Pitzler noted that Ms. Gesner's review of the MEAC requirements for acceptance of MEAC schools could also be used in the rules pertaining to credit for educational requirements and that these rules would be going forward at the same time. Ms. van Roojen asked for an update at the next meeting and requested that these items be first on the agenda at that time.

9. Drafting of the Washington Add-on Examination

This item was not discussed at this time.

ADJOURNMENT: The meeting was adjourned at 4:30 p.m. Minutes prepared by Kendra Pitzler, Program Manager.

ATTACHMENT BELOW

Attachment 1

CONSIDERING BOARD OR COMMISSION

BENEFITS:

- Protects interests of consumer
- Cost savings by utilizing peer review versus Assistant Attorney Generals (AAG)
- Has authority over practice and discipline per law
- Still has AAG and Judge costs - is it reduced?
- Empowerment/Midwifery input
- Educational - following through with repeat concerns
- Expert peers reviewing peers → better results, ensures higher safe birth experiences.
- Better enforcement of practice standards.
- Meets Department of Health mission to ensure access to safe care.

DETRIMENTS:

- Higher cost compensation for members/day
- Question regarding operating agreement - who does administrative? DOH or Board?
- Cost of expert reviews and witnesses

TASKS

- Cost comparison
- What is process for becoming board or Commission

Attachment 2

STANDARDS OF PRACTICE

- Midwives Association of Washington State (MAWS), American College of Nurse Midwives (ACNP) and Advanced Registered Nurse Practitioners (ARNP).
- Standards of Practice + Date → in law.

- Question authority to define instead detailed scope of practice

SCOPE OF PRACTICE

- Defined in Law
- Eight things - Philosophy, laws, expertise, standards, clinical judgment, population and client right, relationship with consult and community standard, flexible clinical standard parameters.

STANDARD OF CARE

- Now defined by expert about clinical decisions

RISK SCREENING